

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016708

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 2847- Primary Registration District No. 3039 Registrar's No. 321

FILED MAY 1 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BROOKFIELD</u>		c. CITY OR TOWN <u>MEADVILLE</u>	
Length of stay in 1b <u>6 mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERSHING MEMORIAL HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>_____</u>	
3. NAME OF DECEASED (Type or print) First <u>BEULAH</u> Middle <u>I.</u> Last <u>PALMER</u>		4. DATE OF DEATH Month <u>4</u> Day <u>23</u> Year <u>63</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-4-94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (City and state or country) <u>SHAFTER, Mo.</u>
13a. FATHER'S NAME <u>JOHN KIMBROUGH</u>		13b. MOTHER'S MAIDEN NAME <u>CORA HOOVER</u>	14. NAME OF HUSBAND OR WIFE <u>ROSS PALMER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>_____</u>)		16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT Address <u>ROSS PALMER, MEADVILLE, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Multiple metastases</u> DUE TO (c) <u>Adenocarcinoma of Colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 mo.</u> <u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>_____</u> a.m. <u>_____</u> p.m. <u>_____</u> Month, Day, Year <u>_____</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>4-22-63</u> to <u>4-23-63</u> and last saw her/him alive on <u>4-23-63</u> . Death occurred at <u>30</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. V. Delmonico</u> (Degree or title)		22b. ADDRESS <u>Brookfield Mo.</u>	22c. DATE SIGNED <u>4/23/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-25-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEMETERY</u>	23d. LOCATION (City, town, or county) <u>LINN COUNTY, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>WRIGHT'S - MEADVILLE, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-24-1963</u>	26. REGISTRAR'S SIGNATURE <u>Gessie W. Atkinson</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. B. Knight

Licensed Embalmer No. 4655

P. O. Address Meadville, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.